

**Cambridge Nationals**  
**Health and Social Care**

Level 1/2 Cambridge National Award in Health and Social Care **J801**

Level 1/2 Cambridge National Certificate in Health and Social Care **J811**

Level 1/2 Cambridge National Diploma in Health and Social Care **J821**

**OCR Report to Centres January 2014**

OCR (Oxford Cambridge and RSA) is a leading UK awarding body, providing a wide range of qualifications to meet the needs of candidates of all ages and abilities. OCR qualifications include AS/A Levels, Diplomas, GCSEs, Cambridge Nationals, Cambridge Technicals, Functional Skills, Key Skills, Entry Level qualifications, NVQs and vocational qualifications in areas such as IT, business, languages, teaching/training, administration and secretarial skills.

It is also responsible for developing new specifications to meet national requirements and the needs of students and teachers. OCR is a not-for-profit organisation; any surplus made is invested back into the establishment to help towards the development of qualifications and support, which keep pace with the changing needs of today's society.

This report on the examination provides information on the performance of candidates which it is hoped will be useful to teachers in their preparation of candidates for future examinations. It is intended to be constructive and informative and to promote better understanding of the specification content, of the operation of the scheme of assessment and of the application of assessment criteria.

Reports should be read in conjunction with the published question papers and mark schemes for the examination.

OCR will not enter into any discussion or correspondence in connection with this report.

© OCR 2014

# CONTENTS

## Cambridge Nationals

Level 1/2 Award in Health and Social Care (J801)

Level 1/2 Certificate in Health and Social Care (J811)

Level 1/2 Diploma in Health and Social Care (J821)

## OCR REPORT TO CENTRES

<b>Content</b>	<b>Page</b>
Overview	1
R021 Essential values of care for use with individuals in care settings	4

## Overview

The cohort taking this series of the specification was wide and varied. The evidence seen both for the centre assessed units R022-R031 and the examination paper R021 proved accessible to all the learners and gave opportunities for a range of abilities to gain success, at the same time it provided differentiation across a range of abilities.

For the coursework assessed units the majority of the work followed the OCR model assignments. Some permitted adaptations were made and these, in most cases, were included with the portfolios. **It is a requirement that the board set model assignments are used.** Centres may only adapt the model assignments as instructed in information to centres but must not change the focus of the requirements and topic.

Although entries were received for a number of internally assessed units they were not significant enough to merit a post-series written report. As a result the following feedback relates to unit R082 only.

Entries for R022-R031 (there were no entries this series for R030) were paper based (Code 02/3) divided between Visiting and Postal moderation and E-Repository (Code 01). This was used for the first time by centres for the qualification. It would be helpful to the process if paper assessments are presented with a treasury tag in the top right-hand corner rather than ring binders. Candidates should not use plastic wallets etc.

The correct proforma unit recording sheet (URS) must be used; there are two versions available to download from OCR Interchange e-version and hard copy. The URS in the main was completed correctly with clear annotation to aid the moderation process.

Centre internal standardisation is essential so that there is consistency in assessment decisions particularly if there is more than one assessor. This should be clearly identified on the URS.

A signed copy of the CCS160 Centre Authentication Form and MS1 or equivalent must be completed and sent when a sample request is generated by email in preparation for the moderation process, either by Visiting, Postal or E-Repository method of moderation. It is important that the marks for each unit are added up correctly on the URS and correspond to the mark submitted to the board (via MS1 or equivalent). All units are marked out of 60. On the whole this was accurately administered this series.

The overall mark for the unit comes from the amalgamation of the marks given across the mark bands for each LO within the unit. The grade for the unit will range from P1, M1, D1, P2, M2, D2, D2\* depending on the marks given.

For resubmissions of coursework controlled assessment units centres must ensure that JQC guidelines are followed on permitted guidance tutors are allowed to give to candidates to ensure malpractice does not take place. Writing frames should not be used and diagrams should be correctly referenced in the body of the text.

Across all submitted units the model assignment was not always used which disadvantaged candidates from accessing the full range of marks. It was also evident that some centres have not thoroughly understood the grading/assessment criteria and that the outcome of the unit is across 7 grade boundaries hence making it a Level 1/2 qualification.

## **R022**

Most centres provided evidence for Learning Outcome (LO) 1 that was accurate and had addressed methods of different types of communication with most candidates giving examples that related to health, social care and early years' settings. Factors and barriers were not always clearly defined and there was lack of evidence on how and why factors positively influence communication.

Most candidates' evidence clearly showed knowledge and understanding of the barriers to communication and appropriate examples were given relating to health, social care and early years settings. Ways of overcoming barriers were not always appropriate.

In LO2 connections were not always made between personal qualities and effective care. When caring for an individual, evidence produced rarely showed relevant application and justification of personal qualities to be used and why.

In LO3 planning by most candidates met the grading criteria, where it did not there was a misinterpretation of what was required in the plan and they had not related the planning to the i.e.s in the specification. This limited the mark bands the candidates could access.

Both one-one and group activities were carried out mostly appropriately. Most candidates had witness statements for both activities. However the witness statements did not always reflect the competency that the candidate had carried out the activity and did not meet the mark band criteria.

Types of behaviour that fail to value people was omitted by some candidates and was implicit when included.

Across all evidence links between units and synoptic assessment was minimal. .

Overall there was a range of evidence meeting the mark band criteria to give the range from L1P to L2D.

## **R029**

LO1 Evidence showed knowledge and understanding of the nutritional requirements of the different life stages. The functions of the nutrients were limited. Government guidelines and dietary requirements showed limited understanding.

LO2 Factors that influence diet was often limited.

Most candidates created appropriate dietary plans to meet individual needs. The majority of the candidates showed how the plan reflected the needs of the individual and the importance of the nutrients to the individuals' condition/symptoms.

Across all evidence links between units and synoptic assessment was minimal

LO3 Most candidates linked the chosen individual from LO2 to LO3 and carried out an analysis of the meal. A few candidates who had used software to analyse their meal did not always give an explanation of their findings.

Most candidates produced appropriate meals following hygiene and safe food preparation. Photographic evidence was not always annotated to show the purpose of its inclusion. Witness statements did not always meet the command words of the assessment criteria indicating how well the candidates had performed.

**R031**

Most candidates appeared to have attended an external First aid course delivered by an appropriate organisation or had used the St John's Young First aider course to meet the evidence requirements, however this should be supported by the practical assessment being delivered by a qualified first aid trainer.

LO1 A few candidates failed to demonstrate assessing the scene of the accident hence this limited the assessment criteria available to the candidates.

LO2 and LO3 were often linked together as part of a first aid course that had been undertaken. Witness statements did not always meet the command words of the assessment criteria.

LO3 the review of the practical activities by most candidates was weak and lacked relevance to the performance.

Across all evidence links between units and synoptic assessment was minimal.

## **R021 Essential values of care for use with individuals in care settings**

### **General comments**

The externally assessed unit R021 had questions that differentiated well. Some candidates demonstrated a wide range of knowledge, understanding and technical vocabulary; however for some entries there were some notable gaps in knowledge and it is important that centres in their planning of delivery take into consideration the maturity of the candidates and ensure terminology and technical terms used in the specification are thoroughly explained. The quality of responses would be improved by demonstration of a greater understanding of terminology and technical terms.

The majority of candidates answered all of the questions. A spread of marks was achieved with some candidates gaining over 50 marks. It was evident that teachers are directing their candidates to the command verbs within the paper such as 'identify', 'describe', 'explain', resulting in higher quality answers for the levels of response questions.

A weakness seen with some responses was that candidates did not answer the question. Although it was clear that candidates possessed knowledge some were unable to gain marks because they did not do what the question asked. Identifying values of care, when types of care setting are required, or identifying a safety measure when a security measure is asked for, did not gain any marks.

Some candidates seemed to lack key knowledge such as the values of care and legislation. This knowledge is fundamental for the unit and candidates should be familiar with, at the very least, key facts about these topics and to achieve the higher grades their importance and the impact on service users, care practitioners and providers, as detailed in LO2 and LO3 of the specification.

If candidates need to continue their responses, having filled the answer space provided, there are extra lined pages included at the end of the examination paper for this purpose. However some candidates were unnecessarily provided with additional answer booklets to continue their answers when the included extra pages had not been used.

### **Comments on Individual Questions**

1(a)

Well answered by most candidates with many gaining full marks. Washing hands, use of hand gel and destroying bacteria being the most common correct responses given.

1(b)

A number of candidates gave clear safety procedures such as carrying out risk assessments or having emergency evacuation procedures. Some candidates suggested supervision, when the question stated that safety procedures other than supervision were required; others gave safety measures rather than safety procedures and some gave security measures.

1(c)

A range of excellent answers were seen, with many candidates obtaining full marks. Strengths of good answers were specific examples of security measures and a clear description of how they protect. Other responses demonstrated that some candidates do not understand the difference between security and safety.

2(a)

Many candidates responded well to this question and there were some excellent answers giving examples of effective communication and up-to-date information in particular; with clear detail of how these support rights. Providing advocacy seemed to be unfamiliar to some candidates who misinterpreted it as providing a translator for individuals who did not speak English.

2(b)

Many candidates gained full marks, demonstrating familiarity with LO1 of the specification. Repetition of the same point, reference to confidentiality, or vague statements about keeping people happy, prevented some candidates from gaining more than 1 or 2 marks.

2(c)

The best answers to this question understood the context, a health care setting. This enabled candidates to provide examples that were relevant and detailed. When candidates did not achieve higher marks it was usually because they did not answer the question set and instead provided an answer with examples that related to care practitioners in a nursery or primary school.

A number of candidates suggested putting up posters but did not include an explanation of what should be on the posters and how this would promote equality and diversity; this prevented them from achieving higher marks. Some candidates included aspects written in horizontal list like form in one sentence e.g. age, race, religion, disability – this was provided with little or no associated explanation and so limited marks were achieved.

3

This question required specific information about features of the Children Act and the impact of the Act upon care practitioners. Candidates who were familiar with the Children Act produced good answers reflecting their knowledge of the Act and were able to achieve 4 – 6 marks. Other responses referred vaguely to keeping children safe but gave no detail of the practitioner's involvement in achieving this.

4(a)

Candidates who gained level 3 marks provided well structured responses with a detailed explanation. The use of correct terminology together with a well written account with clear understanding was evident.

Answers that just featured telling a care worker or stated that people should be told what the complaints procedure is; or included a lot of repetition of the same point, could only achieve limited marks.

A few candidates just mentioned why someone may want to complain in great detail but did not answer the other two parts of the question, this limited marks to the bottom of level 2.

4(b)

Most candidates were able to gain at least two marks by identifying a health care setting and an early years setting. Some candidates seemed less familiar with social care settings and were unable to provide an example.

Many candidates seemed to have only read the first line of the question and then identified three care values and so achieved zero marks.

4(c)

Candidates who developed their responses to cover not only the activity but linked it to different individual needs and skills for example language and numeracy were able to achieve full marks. Explanations were frequently correct with candidates providing a range of activities, ways of making activities fun (linked to motivating the child) and examples of those that stretch children's development. Answers which referred to making activities fun, giving rewards or just listed activities, needed development with further explanation to achieve higher marks.

4(d)

This question was well answered with a high number of candidates gaining level 2 marks with excellent and detailed descriptions of emotional effects. Marks were limited where candidates focussed on how to maintain confidentiality rather than on emotional effects, or just listed effects.

5(a)

Candidates familiar with the legislation covered by this specification were able to gain full marks for this question. Many gained one mark for the Equality Act which was the most common correct answer.

The number of crossed out ticks suggested that some candidates were unfamiliar with the legislation and were guessing, usually incorrectly.

5(b)

Some candidates answered this question very well, using one or two aspects of their chosen Act and describing how they support rights. Detailed knowledge of aspects of the chosen piece of legislation and use of correct terminology was seen.

One aspect done well would have been enough to gain 3-4 marks, yet many candidates did not manage to do this. They demonstrated limited knowledge of either Act and gave generally vague responses referring to ways of maintaining safety or keeping people safe. Candidates needed to demonstrate an awareness of aspects of the pieces of legislation covered by LO3 of the specification in order to achieve higher marks.

**OCR (Oxford Cambridge and RSA Examinations)**  
**1 Hills Road**  
**Cambridge**  
**CB1 2EU**

**OCR Customer Contact Centre**

**Education and Learning**

Telephone: 01223 553998

Facsimile: 01223 552627

Email: [general.qualifications@ocr.org.uk](mailto:general.qualifications@ocr.org.uk)

**[www.ocr.org.uk](http://www.ocr.org.uk)**

For staff training purposes and as part of our quality assurance programme your call may be recorded or monitored

**Oxford Cambridge and RSA Examinations**  
**is a Company Limited by Guarantee**  
**Registered in England**  
**Registered Office; 1 Hills Road, Cambridge, CB1 2EU**  
**Registered Company Number: 3484466**  
**OCR is an exempt Charity**

**OCR (Oxford Cambridge and RSA Examinations)**  
**Head office**  
**Telephone: 01223 552552**  
**Facsimile: 01223 552553**

© OCR 2014

